

## Berlin Questionnaire<sup>®</sup> Sleep Apnea

Height (m) \_\_\_\_\_ Weight (kg) \_\_\_\_\_ Age \_\_\_\_\_ Male / Female

Please choose the correct response to each question.

### Category 1

**1.** Do you snore?

- a. Yes
- b. No
- c. Don't know

*If you answered 'yes':*

**2.** Your snoring is:

- a. Slightly louder than breathing
- b. As loud as talking
- c. Louder than talking

**3.** How often do you snore?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

**4.** Has your snoring ever bothered other people?

- a. Yes
- b. No
- c. Don't know

**5.** Has anyone noticed that you stop breathing during your sleep?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

### Category 2

**6.** How often do you feel tired or fatigued after your sleep?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

**7.** During your waking time, do you feel tired, fatigued or not up to par?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

**8.** Have you ever nodded off or fallen asleep while driving a vehicle?

- a. Yes
- b. No

*If you answered 'yes':*

**9.** How often does this occur?

- a. Almost every day
- b. 3-4 times per week
- c. 1-2 times per week
- d. 1-2 times per month
- e. Rarely or never

### Category 3

**10.** Do you have high blood pressure?

- Yes
- No
- Don't know